

|                             |                         |              |                        |                                     |
|-----------------------------|-------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>09/284,615 | FILING DATE<br>06/25/99 | CLASS<br>435 | GROUP ART UNIT<br>1744 | ATTORNEY DOCKET NO.<br>4-21101/A/PC |
|-----------------------------|-------------------------|--------------|------------------------|-------------------------------------|

APPLICANT

ALEXEY TERSKIKH, LAUSANNE, SWITZERLAND; RETO CRAMERI, DAVOS PLATZ, SWITZERLAND; JEAN-PIERRE MACH, LAUSANNE, SWITZERLAND; JEAN-MARC LE DOUSSAL, PARIS CEDEX, FRANCE; ANDREY KAJAVA, LAUSANNE, SWITZERLAND.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED THIS APPLN IS A 371 OF PCT/EP97/05897 10/24/97

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED FED REP GERMANY 96810719.3 10/28/96

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/21/99

|   |   |                         |                     |                    |                         |
|---|---|-------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met           | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>CHX | SHEETS DRAWING<br>0 | TOTAL CLAIMS<br>32 | INDEPENDENT CLAIMS<br>2 |
| Verified and Acknowledged<br>Examiner's Initials _____ Initials _____ |   |                         |                     |                    |                         |

ADDRESS

SEE CUSTOMER NUMBER: 001095

TITLE

METHOD FOR THE OLIGOMERISATION OF PEPTIDES

|                                    |   |   |
|------------------------------------|---|---|
| FILING FEE RECEIVED<br><br>\$1,186 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|------------------------------------|---|---|